



## Water and Sanitation in Asia and the Pacific

### What are the challenges?

A largely ignored humanitarian crisis is occurring across the globe with over 1.1 billion people in the world lacking access to clean water and more than 2.6 billion people lacking access to improved sanitation. Diseases or infections associated with inadequate water supply and sanitation affect almost half the people in the developing world.

Globally, diarrhea is the second biggest killer of children. More than 1.8 million people die each year from diarrhoeal diseases - 90 percent are children under the age of five. In south-east Asia and the Pacific alone, a child dies every seven minutes as a result of a lack of safe water and sanitation.

The United Nations 2006 Human Development Report links water and sanitation to the achievement of all other Millennium Development Goals (MDGs) stating that clean water and sanitation are “the most powerful preventive medicines available to governments to reduce infectious disease.”

However, to date the approach taken by most donors fails to acknowledge the inter-dependencies between poverty alleviation and the adequate provision of safe water and sanitation services.

The Copenhagen Consensus – a panel of economists, including four Nobel laureates – has ranked water and sanitation as second (after communicable diseases) in a priority list of 40 development challenges. In the Asia Pacific region 13 countries are off track to achieve their water MDGs and 10 will not meet their sanitation goals. Water and sanitation are essential to development, economic growth and productivity but remain a low political priority.

#### 1. Affordable access to safe water and adequate sanitation is essential for good health

Access to safe water and adequate sanitation is essential for human health. Diarrhoeal diseases are a leading cause of sickness and death among children in developing countries. At any one time over half the hospital beds in the developing world are occupied by patients suffering from diarrhoea.

Access to safe water combined with effective sanitation measures, such as hand washing, has a significant effect on preventing diarrhoeal diseases - shigellosis, typhoid and cholera, intestinal worms and acute respiratory infections. Evidence also suggests that water availability and hygiene improvements can produce substantial reductions in trachoma, as the disease is strongly related to a lack of face washing. At present 6 million people are visually impaired by trachoma, often due to the absence of nearby sources of safe water. Trachoma morbidity can be reduced by 27% by improving access to safe water sources and instigating better hygiene practices.

#### 2. Sanitation is often overlooked

Hidden in the shadows, sanitation receives much less attention or funding than water, although it has many private and wider social benefits. Sanitation is frequently classed as a sub-set of water development initiatives and funding for the overall sector is spent mostly on water. This results in sanitation provision lagging far behind access to water. This has occurred in all global regions and almost all countries, where the number of people without access to sanitation is almost double the number without access to water.

Progress in sanitation is also hampered by cultural taboos and a lack of community awareness of the connection between faecal contamination and health and disease. Sanitation is culturally difficult to discuss openly in many contexts which means that raising awareness about the importance of changing habits can be a slow process.

When thinking of improved sanitation, most people assume that this means delivering costly infrastructure projects for sewerage systems. While infrastructure is important, significant gains can be made from implementing targeted education and behaviour change programs for improving domestic hygiene. Evidence suggests that poor domestic hygiene – particularly in food preparation – is the principal determinant of endemic diarrhoeal disease. Health promotion campaigns promoting hand washing and clean food preparation processes are extremely cost effective and have a proven track record of saving lives.

#### What is needed?

Adequate access to safe water is defined as at least 20 litres per capita from a source within 1 kilometre of the user's dwelling. Adequate access to improved sanitation is defined as having access to a sewer connection, septic tank, pour flush toilet, simple pit latrine or ventilated improved pit-latrine.

### 3. Investment in water and sanitation delivers economic dividends

As well as health dividends, the cost-benefit assessments of investment in water and sanitation are positive. For example, they offset disease, infant mortality and lost school days.

Economic benefits of investing in improved water and sanitation far outweigh the costs. In South East Asia and the Pacific, it is estimated that the total cost of intervention to achieve the MDG targets is around \$6.4 billion annually, of which around \$2.1 billion would need to be aid. In contrast, the World Health Organisation estimates that the benefits would include 42 million less cases of diarrhea, 18 million school days and 167 million workdays resulting in direct health savings of \$936 million and total economic benefits of more than \$15 billion to the region. Another recent study showed an average eight-fold economic net benefit from investment in water and sanitation.

Achieving the MDG for sanitation alone would directly benefit 1.47 billion people, or 20% of the world's population.

### 4. Inadequate water and sanitation facilities adversely affect women and girls

Affordable access to safe water and sanitation is frequently put at the top of poor people's priorities. Women in particular stand to benefit significantly from improved access to safe water and sanitation. There is indisputable evidence to show that women's livelihoods are constrained by being tied to sporadic and expensive water supplies in urban slums or hours of water fetching labour and transportation in rural areas. Women most often take on carer responsibilities for ill health resulting from poor water supply. Women who lack sanitation are also often at risk of sexual harassment, physical assault and rape on the way to and from their defecation site.

Lack of access to safe water and private sanitation facilities also prevents girls and young women from attending school. Girls often cannot attend school if there are inadequate sanitation facilities or if they have to travel very long distances to fetch water for their families.

It is not surprising then, that improved sanitation is routinely identified as a priority by poor women. Yet women often remain on the periphery of management and planning decisions for water resources. This is unfortunate given the many benefits that can accrue from including women in this process – a point demonstrated by the case study below.

#### **BOX 3: Community engagement matters but including women matters more**

In East Timor, AusAID funded the "Community Water Supply and Sanitation Program" in three rural areas from 2002-2005, implemented by the IDSS. Fundamental to the approach was getting the whole community (men and women, rich and poor), systematically involved in the planning and decision-making for improvements to their water supply, sanitation and environmental health. The communities decided which villages should receive priority, who would be involved in the committees and the type of infrastructure to be provided. The government was involved in facilitating the planning and prioritising process and in overseeing construction and management to ensure that minimum standards were achieved.

Including women was reported to be difficult, as it went against social norms, however it was also found to be essential. The women knew much about the quality and quantity of available water sources over the course of the whole year and the women recognised the relationship between water, hygiene and improved health, which, is critical to household behaviour changes. Women's participation was promoted through organising separate opportunities for consultation with women throughout the process and ensuring that community management groups included women as well as men.



Photo: Matthew Bond

Source: Lessons Learnt document and AusAID Project Activity Report.

## 5. Water and sanitation initiatives are not available to the poor in both urban and rural areas

To date the main criticism of water and sanitation initiatives in the region is that they haven't reached the poor, whether they are in peri-urban, urban or rural areas. For example in Cambodia, 81% of the population is rural with only 8% of people having access to sanitation.

Whilst proximity and access to safe water and sanitation is generally better in urban areas than it is in rural areas, queuing at urban taps can result in a water collection journey taking almost as long as in rural areas. Access numbers to latrines in many urban settings are also unacceptably high. For example, in the Mbare neighbourhood of Harare, Zimbabwe, 1,300 people share one communal toilet.

A study on the health benefits of total sanitation and improved water facilities in Bangladesh reports that the positive health impacts were considerable.

- Diarrhoea reduced by 99 percent, dysentery by 90 percent and other stomach-related problems (for example, intestinal worms) by 51 percent.
- Monthly medical costs for common illnesses decreased by 51 percent. Working days lost due to illness fell from 77 to 35 per year.
- School days lost due to illness fell from 16 to 7 days per year.

Source: AusAID Focus September 06

As a result of the increasing urbanisation of the global population, the number of worldwide slum dwellers is projected to reach 2 billion by 2030. This will double the number of people living in urban settings without adequate access to water and sanitation from 108 million in 1990 to 215 million in 2010. Urbanisation poses an ever-expanding challenge to the adequate provision of safe water and sanitation. In dense city environments, particularly in dense slum environments - communicable diseases can quickly become epidemics.

## World Vision Recommends

World Vision Australia welcomes the newly elected Government's announcement to allocate an additional \$100 million in the 2009/2010 aid budget and an additional \$200 million in the 2010/2011 aid budget to assist Australia's neighbours to meet the basic human need of adequate access to clean water and sanitation. World Vision Australia recommends that the Australian Government and other national and multilateral organisations implement the following changes and enhancements to their water and sanitation policies and programs.

### 1: Raise the priority for water and sanitation

We know that water and sanitation are critical for health and development, and since 2004 water and sanitation's share of global international development assistance has started to increase, reaching 6% in 2005. At present Australian aid for water and sanitation accounts for only 2-3 % of Australia's total aid budget. If we are to meet our international obligations we should increase our water and sanitation commitment to reach \$350 million annually. This would be about 9% of the total likely aid budget of \$4 billion in 2010.

### 2: Invest more wisely

Not only should Australia invest more, but it must also invest more wisely in water and sanitation initiatives to ensure their effectiveness. AusAID needs to increase its in-house specialist knowledge in the area of water and sanitation, improve monitoring and evaluation processes, invest in development research in this sector and capitalise on a broad range of Australian water expertise. Aid should target spending in those countries most at risk of failing to meet the MDG targets for water and sanitation and which are currently receiving the least support.

### 3: Focus on sanitation separately from water

The Australian Government launched an aid Water Policy in 2003, *Making Every Drop Count*. This policy has now been largely subsumed, at least in terms of water, into a new environmental policy. While the new policy, *Aid and the environment – building resilience, sustaining growth*, makes mention of supporting improved sanitation there is yet little evidence of translation of this policy into programs in the field. Australia must lead by example and raise the profile of sanitation, including hygiene promotion and education, and ensure that it is a key element of all country development strategies.

### 4. Expand community-level actions, and always include women

Low quality and quantity of meaningful participation has eroded the success of previous initiatives, for example, through failure to use or maintain facilities correctly. Investing in demand-led approaches in which service providers respond to the needs of communities delivers dividends. Planning, design and implementation of new Australian water and sanitation initiatives need to incorporate substantive collaboration and participation by beneficiary communities. The voice of women needs to be heard through offering women roles in decision-making, separate consultation opportunities and consideration of gender sensitive water and sanitation solutions.

## 5: Take a regional leadership role and advocate for national approaches to water and sanitation

At the international and national level sanitation needs to be brought into the centre of the development debate, with developing country governments encouraged to make water and sanitation a central focus of their political and institutional agendas and budget planning. Australia can play a central role in communicating a stronger case to developing country governments in our region of the links between clean water and sanitation and potential improvements in health, education, disease avoidance and school attendance, particularly for girls.

AusAID can also take a prominent regional leadership role by helping local and national governments, users, public and private operators, local and international multilateral financiers such as the development banks and other major bilateral donors to form innovative investment partnerships over the next five years to deliver water and sanitation infrastructure that is functional, accessible and sustainable to all developing countries in our region. The governments of developing countries cannot afford to provide heavily subsidised water and sanitation to all or even the majority of their populations.

## Further Information

### Recent WV Publications and Papers on water and sanitation

World Vision Australia and Water Aid Australia *Getting the Basics Right: Water and Sanitation in South East Asia and the Pacific* March 2007 available at <http://www.worldvision.com.au/learn/policyandreports/files/WaterReport.pdf>

### Other key resources on water and sanitation

Caincross, S and Valdmanis, V, (2006) "Chapter 41: Water Supply, Sanitation and Hygiene Promotion," in The World Bank Group (2006) *Disease Control Priorities in Developing Countries, 2<sup>nd</sup> Edition* available at <http://www.dcp2.org/pubs/DCP>

World Health Organisation (WHO) and UNICEF Joint Monitoring Program (2006) *Meeting the MDG Drinking Water and Sanitation Target: The Urban and Rural Challenge of the Decade* available at [http://www.who.int/water\\_sanitation\\_health/monitoring/jmp2006/en/index.html](http://www.who.int/water_sanitation_health/monitoring/jmp2006/en/index.html)

UNICEF (2006) *State of the World's Children Report* available at [http://www.unicef.org/sowc06/fullreport/full\\_report.php](http://www.unicef.org/sowc06/fullreport/full_report.php)

United Nations Development Program (2006) *Human Development Report 2006: Beyond scarcity: Power, poverty and the global water crisis.*

UN Office for the Coordination of Humanitarian Affairs (2007) *Tomorrow's Crises Today: The Humanitarian Impact of Urbanisation* available at <http://www.irinnews.org/InDepthMain.aspx?InDepthId=63&ReportId=74018>

Department for International Development (2004) *Water Action Plan: A DFID policy paper* available at <http://www.dfid.gov.uk/pubs/files/wateractionplan.pdf>

AusAID Policy (2003) *Making Every Drop Count* available at <http://www.ausaid.gov.au/publications/pdf/everydrop.pdf>

AusAID Policy (2007) *Aid and the Environment - Building Resilience, Sustaining Growth - An Environment Strategy for Australian Aid* available at [http://www.aiprd.or.id/publications/pdf/env\\_summary.pdf](http://www.aiprd.or.id/publications/pdf/env_summary.pdf)

Overseas Development Institute (2006) *Briefing Paper: Sanitation and Hygiene: Knocking on New Doors*, London, Overseas Development Institute available at [http://www.odl.org.uk/Publications/briefing/bp\\_dec06\\_sanitation\\_hygiene.pdf](http://www.odl.org.uk/Publications/briefing/bp_dec06_sanitation_hygiene.pdf)

WaterAid United Kingdom *Global Cause and Effect: How the aid system is undermining the Millennium Development Goals* available at [http://www.wateraid.org/documents/global\\_cause\\_and\\_effect\\_mdg\\_midway\\_paper.pdf](http://www.wateraid.org/documents/global_cause_and_effect_mdg_midway_paper.pdf)

WaterAid United Kingdom *Dying for the Toilet: The Cost of Missing the Sanitation Millennium Development Goal?* Available at <http://www.un-ngls.org/un-summit-wateraid.pdf>

Swedish International Water Institute, World Health Organisation and Norwegian Agency for Development Cooperation *Securing Sanitation – The Compelling Case to Address the Crisis* available at

[http://www.who.int/water\\_sanitation\\_health/publications/securing sanitation/en/index.html](http://www.who.int/water_sanitation_health/publications/securing sanitation/en/index.html)

M. Jenkins, (1999) *Sanitation Promotion in Developing Countries: Why Latrines of Benin are Few and Far Between*, University of California-Davis, Department of Civil and Environmental Engineering.

### About World Vision

World Vision is a Christian humanitarian organisation working to create lasting change in the lives of children, families and communities living in poverty. In Australia, World Vision is the country's largest charitable group. With the support of more than 400,000 Australians, World Vision helps over 20 million people every year. The organisation implements humanitarian relief, long-term community development projects and advocacy that addresses the causes of poverty and helps people move towards self-sufficiency.

**To discuss World Vision Australia's position on water and sanitation, please contact**  
[policy@worldvision.com.au](mailto:policy@worldvision.com.au)